

**APPLICATION FOR L.P.S. DESIGNATION CANDIDATES**

TO BE COMPLETED BY THE DANCICATE'S SUPERVISOR (Please print or type information)

Candidate's Name	Agency/Program Name	Phone Number	Employee Number
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Job Title	Agency Address	City	Zip Code
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1. Employee's mental health experience: (total length of time): \_\_\_\_\_

2. Length of time in your program: \_\_\_\_\_

3. Length of time doing emergency assessments: \_\_\_\_\_

4. Professional discipline, State license number and expiration date: \_\_\_\_\_5. Current job description of employee which requires that he/she be designated: (Please specify mobile response, crisis management, in-house emergencies, etc.)

\_\_\_\_\_

\_\_\_\_\_

6. Statement that you find the employee competent to exercise LPS Designation authority: (Be specific in describing employee's assessment and clinical skills)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

This section to be completed after training and examination

Test Score: \_\_\_\_\_ Pass: \_\_\_\_\_ Fail \_\_\_\_\_

Date of Completion of Examination: \_\_\_\_\_

Approved for Designation:

\_\_\_\_\_  
Medical Director/Designee\_\_\_\_\_  
Date

DMH ID Card endorsed for 5150 designation and issued: \_\_\_\_\_

\_\_\_\_\_  
Human Resources Bureau\_\_\_\_\_  
Date

Submit this form to: Los Angeles County Department of Mental Health  
 Training Division  
 550 S. Vermont Ave., Los Angeles, CA 90020

Submit this form as an application for L.P.S. Designation Training. For DMH employees, when training has been completed and a test score added, the application will be forwarded to the Medical Director's Office for final designation authority.